

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

**REASON FOR TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE TO WORK COORDINATORS
ALL COUNTY CAL-LEARN COORDINATORS
ALL COUNTY CAL-LEARN CASE MANAGEMENT AGENCIES

SUBJECT: CORRECTION OF AN IMPLEMENTATION PROVISION OF THE
WELFARE-TO-WORK GUIDELINES, NOTICES OF ACTION (NOAS),
FORM CORRECTIONS, AND REVISION OF CERTAIN WELFARE TO
WORK FORMS INSTRUCTIONS

REFERENCE: ALL COUNTY LETTER (ACL) NO. 97-72, OCTOBER 29, 1997

This errata corrects ACL 97-72, Attachment 1, "CalWORKs IMPLEMENTATION GUIDELINES", Section II.A.1. The ACL stated that the 18-month time limit for new applicants "begins for each individual on the beginning date of cash aid." This information is incorrect. As indicated in Section I.B., the 18-month time limit for each new applicant starts on the date the individual signs, or refuses without good cause, to sign a welfare-to-work plan.

In addition, this errata corrects an omission to the NA 840 (1/98), Sanction of a Mandatory Participant/Compliance Notice that was transmitted by ACL No. 97-72. The version of the NA 840 that was transmitted by ACL No. 97-72 is missing the section that informs the individual of when he or she may end his or her sanction. Furthermore, there are several typographical errors in the TEMP 2146 (12/97), Welfare to Work Informing Notice and GAIN Contract Amendment, that was also transmitted by ACL No. 97-72. Counties should **NOT** use the reproducible copies of the NA 840 and TEMP 2146 that were transmitted by

ACL No. 97-92. Instead, use the reproducible copies attached to this errata or the camera ready copies available from the CDSS Forms Management Unit.

Finally, the instructions for the use of the NA 840, the NA 841 (1/98), Suspension of a Volunteer/Compliance Notice, and the NA 845 (1/98), Removal of the Second Parent's Needs/Compliance Notice, have been revised to comply with an Assembly Bill (AB) 1542 requirement that NOAs inform the participant of the name, address, and telephone number of the state and local legal aid and welfare rights organizations that may assist him or her with the good cause and compliance plan process. Replace the appropriate pages of the instructions that were transmitted in ACL No. 97-72 with the copies of the revised instructions that are attached.

The first page of instructions for the use of the WTW 1 (1/98), Welfare to Work Plan - Rights and Responsibilities, and the WTW 2 (1/98), Welfare to Work Plan - Activity Assignment, forms was omitted from ACL No. 97-72. A copy of the missing page of the instructions also is attached.

If you have any questions regarding the form and NOA corrections, please contact Eric Norris at (916) 654-0946.

Attachments

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$ _____ to \$ _____. Cash aid will stop for _____, unless this person goes to the interview we have scheduled or calls us by _____, and gives us a good reason for not doing what the County asks or agrees to a plan to do what the County asks.

HERE'S WHY:

_____ has a problem with their participation in Welfare to Work. To discuss this problem, we have scheduled an interview with this person on:

_____ at _____ o'clock at _____.

Here's the problem:

- ☐ not signing the Welfare to Work plan.
- ☐ not participating or making good progress in the assigned activity: _____.
- ☐ not accepting a job.
- ☐ quitting a job.
- ☐ reducing their earnings.

WHAT HAPPENS AT THE INTERVIEW?

At the interview, you may give your reasons for not doing what the County asks. If you have a good reason, your cash aid will stay the same. Some good reasons for not participating are: you are the victim of domestic violence, you do not have child care, or you do not have transportation. For other good reasons, see your Welfare to Work Handbook.

You may also call your Welfare to Work worker, instead of going to the interview, to give us a good reason for not doing what the County asks, or to agree to a plan to do what the County asks. Contact _____ at _____ - _____.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income \$ _____

Business Expenses:

a. 40% Standard - _____

OR

b. Actual - _____

Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income of
(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal = _____

Earned Income Disregard 50% - _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income

(from above) + _____

Other Nonexempt Income of (Assistance Unit + Non-

Assistance Unit Members) + _____

_____ + _____

Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons

(Assistance Unit + Non-Assistance Unit Members) .. \$ _____

2. Special Needs (Assistance Unit only) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = _____

5. Maximum Aid _____ Persons (Assistance Unit only)

(Excluding Sanctioned Persons) \$ _____

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal**

(Lowest Amount on Line 4 or 7 = _____

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Sanction - _____

Overpayment - _____

Other Sanctions - _____

Bonus + _____

11. **Monthly Cash Aid Amount**

(Line 8 or 9 Adjusted) = _____

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____

Case _____

Name _____

Number _____

If you cannot keep this interview, you may call your Welfare to Work worker to schedule another interview by _____. You may reschedule this interview only once.

If it is decided that _____ did not have a good reason for not doing what the County asks, we will make a plan for this person to do what the County asks. _____ will be expected to agree to the plan or cash aid will stop for this person.

☐ If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

County Worker: _____

Street, City, Zip: _____

Phone () _____

We will not pay _____'s child care, transportation, or work or training related expenses while this person is off cash aid.

If this person does not take care of the participation problem by _____ and your cash aid is lowered, your cash aid may go up again if you are eligible for it and:

☐ if _____ cooperates.

☐ after _____ if _____ cooperates.

If this person has a good reason for not participating, we will work with him/her so that he/she is able to do what the County asks.

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP THIS APPOINTMENT.

If help is needed with transportation or child care to keep this appointment, call your Welfare to Work worker.

This person can get free help with this appointment from:

Legal Aid Office: _____

Welfare Rights Office: _____

CCWRO: _____

Your new cash aid amount is figured on this notice.

WELFARE TO WORK INFORMING NOTICE AND GAIN CONTRACT AMENDMENT

Effective, _____ the county is starting the Welfare to Work part of the new California Work Opportunity and Responsibility to Kids (CalWORKs) Program. The new rules about participating in Welfare to Work activities apply to all CalWORKs recipients.

IF YOU HAVE A GAIN CONTRACT, THIS NOTICE CHANGES YOUR CONTRACT. Keep this notice with your copy of your GAIN contract.

WELFARE TO WORK ACTIVITIES AND HOURS OF PARTICIPATION - Recipients of cash aid under the CalWORKs Program will be required to participate in Welfare to Work activities, unless you are exempt from participating. The county will tell you what your hours of participation will be. Welfare to Work activities include the following: unsubsidized work, subsidized work, work experience, community service, adult basic education, vocational training, and job search services. To find out about all of the activities available in your county, ask your worker.

IF YOU HAVE A GAIN CONTRACT, YOUR ACTIVITIES AND HOURS OF PARTICIPATION WILL STAY THE SAME UNTIL THE COUNTY ASKS YOU TO SIGN A WELFARE TO WORK PLAN. Most Welfare to Work plans will let you finish your GAIN activities, but you may be required to increase your hours or add new activities.

COMMUNITY SERVICE - If you are unable to get a job with enough hours after receiving cash aid for 18 or 24 months under CalWORKs, depending on when you began receiving aid, you will be required to participate in community service, in order to continue to get your cash aid.

VOLUNTARY PARTICIPATION OF 19-YEAR OLD TEEN PARENTS IN THE CAL-LEARN PROGRAM - If you turn 19 while you are in the Cal-Learn program and have not graduated from high school or it's equivalent, you may be eligible to continue participating in the program until you turn 20 years old.

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Sections: III, IV, VI, XI, XII; Welf. & Inst. Code 11320.1, 11320.3, 11322.8, 11325.2, 11327.4 11331.5

COMPLIANCE - If you do not meet Welfare to Work requirements, the county will send you a notice. You will have 20 calendar days after the date of the notice to do the following:

- meet with or call your Welfare to Work worker to give a good reason for not doing what you are required to do. If you have a good reason for not doing what the county requires, your Welfare to Work worker will try to help you so that you meet Welfare to Work requirements, or
- if the county decides that you do not have a good reason for not doing what Welfare to Work requires, you must agree to sign a compliance plan to do what you are required. If you meet the requirement(s) of the plan, no penalties will be applied to you.

SANCTIONS - If you are required to participate in Welfare to Work and you refuse or fail to comply with Welfare to Work requirements without a good reason, or do not sign and complete a compliance plan, your cash aid will be lowered. The rules about how long your cash aid will be lowered are the same as they were under the GAIN program.

If you are not required to participate in Welfare to Work, but you asked to participate (volunteer) and you refuse or fail to comply with Welfare to Work requirements without a good reason, or do not sign and complete a compliance plan, your cash aid will not be lowered, but you may not be allowed back in Welfare to Work for a period of time.

SEE THE BACK SIDE OF THIS PAGE FOR WHEN YOU DON'T HAVE TO PARTICIPATE AND A LIST OF THE GOOD REASONS FOR NOT PARTICIPATING.

WHEN YOU DON'T HAVE TO PARTICIPATE - You don't have to be in Welfare to Work activities if you are excused (exempt). If you are eligible for the Cal-Learn Program, or if you got a high school diploma or its equivalent while you were in the Cal-learn Program, some of these exemptions may not apply to you. For more information, contact your eligibility worker or Cal-learn case manager. You are exempt if you are:

- Under 16 years old.
- 16, 17, 18 years old and go to school (not college) full time unless you go to school as one of your Welfare to Work activities.
- The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care and the county decides that taking care of the child keeps you from working or participating in a Welfare to Work activity on a regular basis.
- Staying home to take care of someone in the household who can't take care of him/herself if that keeps you from working or participating in a Welfare to Work activity on a regular basis.
- A parent or caretaker relative of a child six months old or younger (or, depending on the county, for a child 12 weeks old or younger or for a child 12 months old or younger). Ask your worker how old your child has to be for you to be exempt. This exemption is available only once. BUT if you are a teen parent who is required to participate in the Cal-Learn Program, you must participate no matter how old your child is, unless you have another reason to be exempt.
- * Physically or mentally unable to work or participate in a Welfare to Work activity on a regular basis for at least 30 calendar days.
- 60 years old or older.
- Pregnant and a doctor states that you cannot work or participate in Welfare to Work activities.

GOOD REASONS FOR NOT PARTICIPATING - You may have a good reason for not doing what the county requires. Some of these reasons are related to you personally and some are related to the activity.

- **Reasons related to you:**

- You need child care for a child 10 years old or younger, transportation, or work or training related expenses to participate and it hasn't been provided.
- you are the victim of domestic violence and participating would be harmful to you or your family.

- **Reasons related to activity or job:**

- Discrimination because of age, sex, race, color, religion, national or ethnic origin, physical or mental disability, political affiliation, or marital status.
- Travel to work or training from your home is more than two hours round trip by car, bus, or other transportation, or more than two miles round trip if you have to walk because other transportation is not available. This limit does not include the time or mileage to take your family members to or from school or to or from other care providers. (If you do not take a job or participate in an assigned activity because of this reason, you will have to participate in community service.)
- The job requires more daily or weekly hours than is normal or customary.
- Conditions that violate health and safety standards or that could cause you serious injury or death.

For other good reasons for not participating to Welfare to Work activities, ask your worker.

NA 840 - Sanction of Mandatory Registrant/Conciliation Notice

If this is the first sanction, check the first box and enter the name of the sanctioned individual. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and enter the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP THIS APPOINTMENT.

If help is needed with transportation or child care to keep this appointment, call your Welfare to Work worker.

This person can get free help with an appointment from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

INSTRUCTIONS: Use to preclude from participation a volunteer Welfare to Work participant who fails or refuses to comply with Welfare to Work requirements and the county determines that no good cause existed for the failure or refusal to comply. This notice also serves to inform the individual that he or she has a 20-calendar-day period beginning from the date of this notice, to provide good cause or agree to a compliance plan, or he or she will be removed from participation in Welfare to Work no earlier than 30 days from the date of this notice.

At the top of the notice, put the date that the volunteer is suspended from participation, enter the name of the volunteer, and the date by which the volunteer must provide good cause or agree to a compliance plan in order to prevent the suspension from going into effect.

Under "Here's why:", enter the name of the volunteer. Enter the date, time, and location of the appointment scheduled for the volunteer to provide good cause or to agree to a compliance plan. Check the box with the appropriate participation problem.

Identify the CWD staff person who the volunteer is to contact to provide good cause or agree to a compliance plan, and include the phone number.

Enter the ending date of the 20-calendar-day period that the individual has to reschedule his/her appointment.

Enter the name of the volunteer in the next three blanks.

Enter the date by which the volunteer must provide good cause or agree to a compliance plan in order to prevent the suspension from going into effect.

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

2. If the second parent is no longer exempt from participating in Welfare to Work and is not participating, check the sixth box and put the name of the second parent in the blank.
3. If the second parent fails to respond to the WTW 4 and the first parent is sanctioned, check the seventh box and put the name of the first parent in the first blank. Put the name of the second parent in the second blank.

Identify the CWD staff person who the sanctioned individual is to contact to provide good cause or agree to a compliance plan, and include the phone number.

Enter the ending date of the 20-calendar day period that the individual has to reschedule his/her appointment.

Enter the name of the second parent in the next two blanks.

Identify the CWD staff person who is to receive the payee information from the second parent. Include the CWD staff person's address and phone number.

Enter the name of the second parent.

Enter the date by which the individual must provide good cause or agree to a compliance plan in order to prevent the sanction from going into effect.

Under "your cash aid may go up again...":

1. If this is the first sanction, check the first box and enter the name of the sanctioned individual.
2. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and enter the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Under "The family's second parent... may get cash aid again..." enter the name of the second parent and:

1. If this is the first instance of noncompliance, check the first box.
2. If this is the second or subsequent instance of noncompliance, check the second box, and fill in the appropriate date.

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

INSTRUCTIONS FOR WELFARE TO WORK PLAN FORMS

WTW 1 (1/98) Welfare to Work Plan - Rights and Responsibilities

Use this form in the same way that the GAIN 1 has been used in the past.

WTW 2 (1/98) Welfare to Work Plan - Activity Assignment

This form replaces the GAIN 245. Use this form when a participant begins any Welfare to Work activity, following orientation and appraisal. Use this form for both single parent and two-parent families. The form also accommodates concurrent participation in more than one Welfare to Work activity.

Completing the form:

“ACTIVITY” - Check the box that corresponds to the activity(ies) in which the participant will be participating:

Item 1 is for mandatory participants who are required by the county to participate in an assigned activity. Check the corresponding box, describe the assigned activity in the blank (for example, “attend cosmetology program at community college”).

Item 2 is for mandatory participants who are required by the county to participate in more than one activity concurrently. Check the box, describe the concurrent activity in the blank (for example, “attend job services at EDD”). Note that the other assigned activity should be addressed in Item 1. The participant should be told to refer to the Welfare to Work Handbook for further information regarding the activity to which he/she is assigned.

Item 3 is for volunteers only (CalWORKs recipients who are exempt from mandatory participation in Welfare to Work but choose to voluntarily participate). Check the box, describe the assigned activity in the blank.

If the activity has requirements for attendance or making satisfactory progress (i.e., SIP, or training services after Assessment), check the appropriate box and write the name of the activity(ies) in the blank(s).

Check the box to indicate that the participant has up to 30 days to ask for a change in activity, and explain that the 30-day grace period may be used only once by each participant.

“LOCATION AND SCHEDULE” - If the location and schedule of the activity are known, put the information in the appropriate spaces. Note that the form accommodates the location and schedule for two concurrent activities.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

**REASON FOR TRANSMITTAL**

- ☐ State Law Change
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ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE TO WORK COORDINATORS
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ALL COUNTY CAL-LEARN CASE MANAGEMENT AGENCIES

SUBJECT: CORRECTION OF AN IMPLEMENTATION PROVISION OF THE
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This errata corrects ACL 97-72, Attachment 1, "CalWORKs IMPLEMENTATION GUIDELINES", Section II.A.1. The ACL stated that the 18-month time limit for new applicants "begins for each individual on the beginning date of cash aid." This information is incorrect. As indicated in Section I.B., the 18-month time limit for each new applicant starts on the date the individual signs, or refuses without good cause, to sign a welfare-to-work plan.

In addition, this errata corrects an omission to the NA 840 (1/98), Sanction of a Mandatory Participant/Compliance Notice that was transmitted by ACL No. 97-72. The version of the NA 840 that was transmitted by ACL No. 97-72 is missing the section that informs the individual of when he or she may end his or her sanction. Furthermore, there are several typographical errors in the TEMP 2146 (12/97), Welfare to Work Informing Notice and GAIN Contract Amendment, that was also transmitted by ACL No. 97-72. Counties should **NOT** use the reproducible copies of the NA 840 and TEMP 2146 that were transmitted by

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If you have any questions regarding the form and NOA corrections, please contact Eric Norris at (916) 654-0946.

Attachments

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$ _____ to \$ _____. Cash aid will stop for _____, unless this person goes to the interview we have scheduled or calls us by _____, and gives us a good reason for not doing what the County asks or agrees to a plan to do what the County asks.

HERE'S WHY:

_____ has a problem with their participation in Welfare to Work. To discuss this problem, we have scheduled an interview with this person on:

_____ at _____ o'clock at _____.

Here's the problem:

- ☐ not signing the Welfare to Work plan.
- ☐ not participating or making good progress in the assigned activity: _____.
- ☐ not accepting a job.
- ☐ quitting a job.
- ☐ reducing their earnings.

WHAT HAPPENS AT THE INTERVIEW?

At the interview, you may give your reasons for not doing what the County asks. If you have a good reason, your cash aid will stay the same. Some good reasons for not participating are: you are the victim of domestic violence, you do not have child care, or you do not have transportation. For other good reasons, see your Welfare to Work Handbook.

You may also call your Welfare to Work worker, instead of going to the interview, to give us a good reason for not doing what the County asks, or to agree to a plan to do what the County asks. Contact

_____ at _____.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income \$ _____

Business Expenses:

a. 40% Standard - _____

OR

b. Actual - _____

Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income of
(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal = _____

Earned Income Disregard 50% - _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income

(from above) + _____

Other Nonexempt Income of (Assistance Unit + Non-

Assistance Unit Members) + _____

..... + _____

Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons

(Assistance Unit + Non-Assistance Unit Members) .. \$ _____

2. Special Needs (Assistance Unit only) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = _____

5. Maximum Aid _____ Persons (Assistance Unit only)

(Excluding Sanctioned Persons) \$ _____

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal**

(Lowest Amount on Line 4 or 7 = _____

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Sanction - _____

Overpayment - _____

Other Sanctions - _____

Bonus + _____

11. **Monthly Cash Aid Amount**

(Line 8 or 9 Adjusted) = _____

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____

Case
Name _____

Number _____

If you cannot keep this interview, you may call your Welfare to Work worker to schedule another interview by _____. You may reschedule this interview only once.

If it is decided that _____ did not have a good reason for not doing what the County asks, we will make a plan for this person to do what the County asks. _____ will be expected to agree to the plan or cash aid will stop for this person.

- ☐ If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

County Worker: _____

Street, City, Zip: _____

Phone () _____

We will not pay _____'s child care, transportation, or work or training related expenses while this person is off cash aid.

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- ☐ if _____ cooperates.
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VOLUNTARY PARTICIPATION OF 19-YEAR OLD TEEN PARENTS IN THE CAL-LEARN PROGRAM - If you turn 19 while you are in the Cal-Learn program and have not graduated from high school or it's equivalent, you may be eligible to continue participating in the program until you turn 20 years old.

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Sections: III, IV, VI, XI, XII; Welf. & Inst. Code 11320.1, 11320.3, 11322.8, 11325.2, 11327.4 11331.5

COMPLIANCE - If you do not meet Welfare to Work requirements, the county will send you a notice. You will have 20 calendar days after the date of the notice to do the following:

- meet with or call your Welfare to Work worker to give a good reason for not doing what you are required to do. If you have a good reason for not doing what the county requires, your Welfare to Work worker will try to help you so that you meet Welfare to Work requirements, or
- if the county decides that you do not have a good reason for not doing what Welfare to Work requires, you must agree to sign a compliance plan to do what you are required. If you meet the requirement(s) of the plan, no penalties will be applied to you.

SANCTIONS - If you are required to participate in Welfare to Work and you refuse or fail to comply with Welfare to Work requirements without a good reason, or do not sign and complete a compliance plan, your cash aid will be lowered. The rules about how long your cash aid will be lowered are the same as they were under the GAIN program.

If you are not required to participate in Welfare to Work, but you asked to participate (volunteer) and you refuse or fail to comply with Welfare to Work requirements without a good reason, or do not sign and complete a compliance plan, your cash aid will not be lowered, but you may not be allowed back in Welfare to Work for a period of time.

SEE THE BACK SIDE OF THIS PAGE FOR WHEN YOU DON'T HAVE TO PARTICIPATE AND A LIST OF THE GOOD REASONS FOR NOT PARTICIPATING.

WHEN YOU DON'T HAVE TO PARTICIPATE - You don't have to be in Welfare to Work activities if you are excused (exempt). If you are eligible for the Cal-Learn Program, or if you got a high school diploma or its equivalent while you were in the Cal-learn Program, some of these exemptions may not apply to you. For more information, contact your eligibility worker or Cal-learn case manager. You are exempt if you are:

- Under 16 years old.
- 16, 17, 18 years old and go to school (not college) full time unless you go to school as one of your Welfare to Work activities.
- The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care and the county decides that taking care of the child keeps you from working or participating in a Welfare to Work activity on a regular basis.
- Staying home to take care of someone in the household who can't take care of him/herself if that keeps you from working or participating in a Welfare to Work activity on a regular basis.
- A parent or caretaker relative of a child six months old or younger (or, depending on the county, for a child 12 weeks old or younger or for a child 12 months old or younger). Ask your worker how old your child has to be for you to be exempt. This exemption is available only once. BUT if you are a teen parent who is required to participate in the Cal-Learn Program, you must participate no matter how old your child is, unless you have another reason to be exempt.
- * Physically or mentally unable to work or participate in a Welfare to Work activity on a regular basis for at least 30 calendar days.
- 60 years old or older.
- Pregnant and a doctor states that you cannot work or participate in Welfare to Work activities.

GOOD REASONS FOR NOT PARTICIPATING - You may have a good reason for not doing what the county requires. Some of these reasons are related to you personally and some are related to the activity.

- **Reasons related to you:**

- You need child care for a child 10 years old or younger, transportation, or work or training related expenses to participate and it hasn't been provided.
- you are the victim of domestic violence and participating would be harmful to you or your family.

- **Reasons related to activity or job:**

- Discrimination because of age, sex, race, color, religion, national or ethnic origin, physical or mental disability, political affiliation, or marital status.
- Travel to work or training from your home is more than two hours round trip by car, bus, or other transportation, or more than two miles round trip if you have to walk because other transportation is not available. This limit does not include the time or mileage to take your family members to or from school or to or from other care providers. (If you do not take a job or participate in an assigned activity because of this reason, you will have to participate in community service.)
- The job requires more daily or weekly hours than is normal or customary.
- Conditions that violate health and safety standards or that could cause you serious injury or death.

For other good reasons for not participating to Welfare to Work activities, ask your worker.

NA 840 - Sanction of Mandatory Registrant/Conciliation Notice

If this is the first sanction, check the first box and enter the name of the sanctioned individual. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and enter the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP THIS APPOINTMENT.

If help is needed with transportation or child care to keep this appointment, call your Welfare to Work worker.

This person can get free help with an appointment from:

Legal Aid
Office

Welfare Rights
Office

CCWRO

INSTRUCTIONS: Use to preclude from participation a volunteer Welfare to Work participant who fails or refuses to comply with Welfare to Work requirements and the county determines that no good cause existed for the failure or refusal to comply. This notice also serves to inform the individual that he or she has a 20-calendar-day period beginning from the date of this notice, to provide good cause or agree to a compliance plan, or he or she will be removed from participation in Welfare to Work no earlier than 30 days from the date of this notice.

At the top of the notice, put the date that the volunteer is suspended from participation, enter the name of the volunteer, and the date by which the volunteer must provide good cause or agree to a compliance plan in order to prevent the suspension from going into effect.

Under "Here's why:", enter the name of the volunteer. Enter the date, time, and location of the appointment scheduled for the volunteer to provide good cause or to agree to a compliance plan. Check the box with the appropriate participation problem.

Identify the CWD staff person who the volunteer is to contact to provide good cause or agree to a compliance plan, and include the phone number.

Enter the ending date of the 20-calendar-day period that the individual has to reschedule his/her appointment.

Enter the name of the volunteer in the next three blanks.

Enter the date by which the volunteer must provide good cause or agree to a compliance plan in order to prevent the suspension from going into effect.

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

NA 845 - Removal of Second Parent's Needs/Good Cause/Compliance Notice, Two-Parent Family

2. If the second parent is no longer exempt from participating in Welfare to Work and is not participating, check the sixth box and put the name of the second parent in the blank.
3. If the second parent fails to respond to the WTW 4 and the first parent is sanctioned, check the seventh box and put the name of the first parent in the first blank. Put the name of the second parent in the second blank.

Identify the CWD staff person who the sanctioned individual is to contact to provide good cause or agree to a compliance plan, and include the phone number.

Enter the ending date of the 20-calendar day period that the individual has to reschedule his/her appointment.

Enter the name of the second parent in the next two blanks.

Identify the CWD staff person who is to receive the payee information from the second parent. Include the CWD staff person's address and phone number.

Enter the name of the second parent.

Enter the date by which the individual must provide good cause or agree to a compliance plan in order to prevent the sanction from going into effect.

Under "your cash aid may go up again...":

1. If this is the first sanction, check the first box and enter the name of the sanctioned individual.
2. If this is the second or subsequent sanction, check the second box, fill in the appropriate date, and enter the name of the sanctioned individual. (Reminder: Second sanctions last at least 3 months, and third and subsequent sanctions last at least 6 months.)

Under "The family's second parent... may get cash aid again..." enter the name of the second parent and:

1. If this is the first instance of noncompliance, check the first box.
2. If this is the second or subsequent instance of noncompliance, check the second box, and fill in the appropriate date.

Enter the names, addresses, and telephone numbers of the state and local legal aid and welfare rights organizations that may assist the individual with the good cause and compliance plan process.

In the right hand column, show the budget computation.

The NA BACK 8, Your Hearing Rights, must be provided with this notice.

INSTRUCTIONS FOR WELFARE TO WORK PLAN FORMS

WTW 1 (1/98) Welfare to Work Plan - Rights and Responsibilities

Use this form in the same way that the GAIN 1 has been used in the past.

WTW 2 (1/98) Welfare to Work Plan - Activity Assignment

This form replaces the GAIN 245. Use this form when a participant begins any Welfare to Work activity, following orientation and appraisal. Use this form for both single parent and two-parent families. The form also accommodates concurrent participation in more than one Welfare to Work activity.

Completing the form:

"ACTIVITY" - Check the box that corresponds to the activity(ies) in which the participant will be participating:

Item 1 is for mandatory participants who are required by the county to participate in an assigned activity. Check the corresponding box, describe the assigned activity in the blank (for example, "attend cosmetology program at community college").

Item 2 is for mandatory participants who are required by the county to participate in more than one activity concurrently. Check the box, describe the concurrent activity in the blank (for example, "attend job services at EDD"). Note that the other assigned activity should be addressed in Item 1. The participant should be told to refer to the Welfare to Work Handbook for further information regarding the activity to which he/she is assigned.

Item 3 is for volunteers only (CalWORKs recipients who are exempt from mandatory participation in Welfare to Work but choose to voluntarily participate). Check the box, describe the assigned activity in the blank.

If the activity has requirements for attendance or making satisfactory progress (i.e., SIP, or training services after Assessment), check the appropriate box and write the name of the activity(ies) in the blank(s).

Check the box to indicate that the participant has up to 30 days to ask for a change in activity, and explain that the 30-day grace period may be used only once by each participant.

"LOCATION AND SCHEDULE" - If the location and schedule of the activity are known, put the information in the appropriate spaces. Note that the form accommodates the location and schedule for two concurrent activities.